

SERIAL NUMBER 09/267,840	FILING DATE 03/12/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. EVA-001
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APPLICANT

SCOTT EVANS, GAHANNA, OH.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

move *FB 7-18-01*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

move *FB 7-18-01*

*late*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

move *FB 7-18-01*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/30/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 37	TOTAL CLAIMS 20	INDEPE CLAIMS 2
Verified and Acknowledged			Examiner's Initials	Initials		

ADDRESS

JOHN F WOOD  
WARD & OLIVA  
708 THIRD AVE  
NEW YORK NY 10017

SYSTEM AND METHOD FOR DEBT PRESENTMENT AND RESOLUTION

TITLE

Best Available Copy

FILING FEE RECEIVED  \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of t <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7636

SERIAL NUMBER 09/267,840	FILING DATE 03/12/1999  RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. EVA-001
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APPLICANTS  
SCOTT EVANS, GAHANNA, OH;

\*\* CONTINUING DATA \*\*\*\*\*  
*none #B 8-8-03*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none #B 8-8-03*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/30/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 37	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Examiner's Signature *[Signature]* Initials

ADDRESS  
JOHN F WOOD  
WARD & OLIVA  
708 THIRD AVE  
NEW YORK, NY  
10017

TITLE  
SYSTEM AND METHOD FOR DEBT PRESENTMENT AND RESOLUTION

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Best Available Copy